DOCUMENT RESUME

ED 213 919 CE 031 630

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TITLE The Development of Standards to Ensure the Competency of Physician Assistants. Volume IV of V: Assessment of the Applicability of the Individual Physician Profile Program for Physician Assistants. Final Report, July 1, 1976-August 14, 1979.
INSTITUTION American Academy of Physician Assistants, Arlington, VA.
SPONS AGENCY Health Resources Administration (DHEW/PHS), Bethesda, Md. Bureau of Health Manpower.
PUB DATE Aug 79
CONTRACT HRA-231-76-0053
NOTE 91p.; For related documents see CE 031 627-631.

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS Allied Health Occupations Education; Competence; *Continuing Education; Educational Needs; Educational Research; *Individual Needs; *Physicians Assistants; Postsecondary Education; *Self Evaluation (Individuals); Standards; *Test Use
IDENTIFIERS *Individual Physician Profile; *Test Appropriateness

ABSTRACT

The applicability of the University of Wisconsin-Extension's Individual Physician Profile (IPP) program was assessed for applicability for physician assistants (PAs). (The program was designed to help general physicians analyze their practice and identify areas in which they need continuing medical education.) A sample of 89 (of 100 selected) PAs completed the IPP program. Attitudinal data were collected from PAs who had been contacted and/or who participated in IPP regarding participants' reactions to the program and the reasons PAs had for beginning but not completing IPP, for declining to participate, or for not responding to the invitation to participate. To measure the extent to which IPP helped PAs discover and meet their continuing medical education (CME) needs, participants' CME activities were monitored prior to, during, and after IPP completion. This enabled comparison of IPP recommendations with actual CME-related behavior. Evaluation and Advisory Committee members also reviewed sections from the University of Wisconsin-Extension's "Educational Resource Index" for currentness and appropriateness for PAs. The Evaluation Committee concluded that IPP, as currently designed and implemented, was not applicable for PAs. (Exhibits include the IPP and other instruments and project correspondence.) (YLB)

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ED213919

# The Development of Standards to Ensure the Competency of Physician Assistants

## Volume IV of V:

## Assessment of the Applicability of the Individual Physician Profile Program for Physician Assistants

Final Report
Covers Period of Performance
During
July 1, 1976 - August 14, 1979

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(For other key personnel, see Preface.)

CE 031 630

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# PREFACE

Participants in all parts of the study described in the five volumes of this report are listed below.

The project staff and their areas of responsibility were:

| Name | Responsibility |
|---|---|
| Donald W. Fisher, Ph.D.<br>Executive Director, AAPA/APAP | Project Director |
| Mary Jane Crain<br>Research Associate | Assessment of the applicability of the University of Wisconsin's Individual Physician Profile (IPP) program for physician assistants<br><br>Maintenance of a roster of CME programs for physician assistants<br><br>Design of a system of CME program accreditation |
| Jane Faulman, Ph.D.<br>Research Associate | Verification of the role delineation for the entry level generalist position<br><br>Physician assistant position classification<br><br>Development of a self-assessment tool |

The Project Officer for the study, from the Division of Associated Health Professions, was Louis A. Quatrano, Ph.D.

Secretarial and administrative support was provided by:

Veronica Marshall
Karen Hummer
Linda Geary

The project staff consulted a measurement and evaluation specialist, Dr. Richard C. Cox of Pittsburgh, Pennsylvania, to assist

with the IPP and system of continuing medical education (CME) program accreditation portions of this study. Specifically, Dr. Cox designed a checklist for IPP participants and helped with the analysis and presentation of all IPP checklist results. He also assisted the staff in the development of checklists distributed to physician assistants in attendance at selected CME programs throughout the country. The data from these checklists was used in the development of a system of accreditation of physician assistant oriented CME programs.

The development of a self-assessment tool was placed under the direction of a consultant to the project who is a specialist in test development. This consultant was Ayres D'Costa, Ph.D., Associate Professor of Health Professions Education at the Ohio State University in Columbus, Ohio. Under Dr. D'Costa's guidance, a self-assessment examination for physician assistants was developed. Dr. D'Costa planned and conducted all meetings at which the test specifications for the examination were delineated and test items were prepared and revised. He was responsible for all computer output necessary to the project. He designed an individualized, computer-generated test report which includes respondents' scale scores both numerically and graphically.

In addition to the help of consultants, the project staff also benefited from the special expertise and insight of members of the Evaluation, Working, and Advisory Committees. Each of the committees had a specific role to play in the completion of this study.

The Evaluation Committee worked primarily on the assessment of the applicability of IPP for physician assistants, the design of a system of CME accreditation, and the maintenance of a roster of CME programs. Members of this committee reviewed the data collected about the Individual Physician Profile program, suggested other information to be obtained, and made recommendations regarding the program's applicability for physician assistants. The Evaluation Committee had a major role in the development of instruments, the review of data, and the making of recommendations regarding continuing medical education options and accreditation systems. Also, this committee reviewed the roster format for CME programs.

Members of the Evaluation Committee included educational specialists competent in criterion-referenced measurement, design of instructional materials, evaluation methodology, and clinical simulation. The Academy's Professional and Continuing Medical Education Committee had two representatives serving on the Evaluation Committee. The ten members of the Evaluation Committee were:

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The seven-member Working Committee worked closely with the project staff in developing the Role Delineation for the Physician Assistant. This document was produced via the accomplishment of two tasks: verification of an earlier role delineation (included in the Curriculum Resource Document project) and determination of a position classification for the physician assistant profession. Members of this committee included practicing physician assistants, physicians (in private practice and hospital settings) who employ physician assistants, faculty of physician assistant training programs, and one representative from the Curriculum Resource Document project. The members of the Working Committee were:

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Representatives from major medical organizations with a significant interest in the physician assistant profession served on an Advisory Committee to review materials and provide input to the staff and the other

two committees for all phases of the study. Representatives from the two other committees for the contract served as liaison members on the Advisory Committee. The members of this committee reviewed and provided advice on data, interim reports, and conclusions and recommendations about the role delineation for the physician assistant, the Individual Physician Profile program, the system of CME program accreditation, and the roster of CME programs for physician assistants. The members of this Advisory Committee were:

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American Academy of Family Physicians

Daniel R. Thomas*
Chicago, Illinois
American Hospital Association

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Chicago, Illinois
American College of Surgeons

Finally, a Test Specifications Committee and a group of item writers helped to develop the self-assessment examination for physician assistants. The members of these groups are listed in the Preface to Volume III, Development of a Self-Assessment Examination for Physician Assistants.

*In May 1979, Thomas Atchison, Ed.D., replaced Daniel Thomas at the American Hospital Association.

# ACKNOWLEDGMENTS

I wish to thank the project staff, consultants, and committee members (listed in the Preface) who gave so much of their time and experience. We owe a large debt of gratitude to Louis Quatrano, Ph.D., Margaret Wilson, Ph.D., and Robert Conant, Ph.D., for their contributions, advice, and leadership throughout the project.

Especial thanks, however, goes to those persons who worked as staff on contract activities for a limited period of time, particularly, Judy A. Light for her creativity in research design, guidance, perseverance, and dedication to the project and the physician assistant profession during her tenure as project director (1976-1978). Also, professional staff support was provided by Ted Kastelic, Ph.D., and secretarial and administrative staff who worked efficiently and effectively on a variety of contract activities were Laura Friedman and Susan Herre.

The staff for the contract would also like to thank others working in the National Office who took time out of busy schedules to review reports, coordinate activities, and offer suggestions. Such cooperation is appreciated.

A very special thanks goes to members of the physician assistant profession. The willingness of physician assistants to spend long hours completing forms, taking tests, and serving on committees is testimony to the enthusiasm and commitment of these individuals to their profession and its objectives.

Donald W. Fisher, Ph.D.

# ABBREVIATIONS

| | |
|---|---|
| AAPA | American Academy of Physician Assistants |
| AMA | American Medical Association |
| CME | Continuing medical education |
| ERI | Educational Resource Index |
| ICDA | International Classification of Diseases, Adapted |
| IPP | Individual Physician Profile |
| NCCPA | National Commission on Certification of Physician's Assistants |
| PA | Physician assistant |
| URI | Upper respiratory infection |

# EXHIBITS

A - Census Regions for the United States

B - Invitation Materials

C - Item 1 Checklist for IPP Participants
Item 2 Checklist for Physician Assistants Who Began but Did Not Complete IPP
Item 3 Checklist for Physician Assistants Who Declined to Participate in IPP and Gave No Reason Why
Item 4 Checklist for Physician Assistants Who Did Not Respond to the Invitation to Participate in IPP

D - Individual Physician Profile Program Brochure

E - Attitudes of Physician Assistants Who Completed IPP - Checklist Results

F - Physician Assistants' Reasons for Not Completing the IPP Program - Checklist Results

G - Physician Assistants' Reasons for Declining the IPP Invitation - Checklist Results

H - Physician Assistants' Reasons for Nonresponse to the IPP Invitation - Checklist Results

I - Response from Director of the University of Wisconsin's Department of Continuing Medical Education to AAPA Request for Additional IPP-Related Information

# ABSTRACT

The American Academy of Physician Assistants, under DHEW Contract Number HRA-231-76-0053, was to assess the applicability for physician assistants of the University of Wisconsin - Extension's Individual Physician Profile (IPP) program. This program was originally designed by Wisconsin to help generalist physicians and family practitioners analyze their practices and identify the areas in which they most need continuing medical education (CME).

For this project, a trial group of 100 physician assistants was to be selected and processed through IPP. A sampling procedure was developed to select the 100 participants. The final result was that 89 physician assistants completed the program.

To help assess the program's applicability for physician assistants, attitudinal data was collected from physician assistants who had been contacted about and/or who participated in IPP. Data was collected, via checklist, regarding participants' reactions to the program, and the reasons physician assistants had for beginning but not completing IPP, for declining to participate, or for not responding to the invitation to take part in the program.

As a measure of the extent to which the IPP program helped physician assistants discover and meet their CME needs, participants' CME activities were monitored for six months prior to their enrollment in, from their enrollment in to completion of, and for several months after they had finished IPP. This enabled a comparison of IPP recommendations with the actual CME-related behavior of participants.

Also, Evaluation and Advisory Committee members were asked to review several sections from the University of Wisconsin - Extension's Educational Resource Index for currentness and appropriateness for physician assistants. The sections reviewed were among the ones most frequently provided to the physician assistants who completed the IPP program.

After data had been collected, it was presented to the Evaluation Committee and the members of this committee made recommendations regarding the applicability of the Individual Physician Profile program for physician assistants. The Evaluation Committee approved the basic concepts involved in IPP and felt that further research into the approach was warranted. It was, however, the opinion of the Evaluation Committee, that, while physician assistants could successfully be processed through the program, the Individual Physician Profile has serious drawbacks which limit its usefulness for physicians and physician assistants alike. The Evaluation Committee therefore concluded that IPP, as it is currently designed and implemented, is not applicable for physician assistants. The Advisory Committee concurred with these recommendations.

# I. INTRODUCTION

The American Academy of Physician Assistants (AAPA) has, since its formation in 1968, recognized the need for individual health practitioners to reinforce and update their health care knowledge and skills. The ultimate purpose of this acquisition and updating of skills and knowledge is better service and improved health care for patients.

The Academy seeks to assure physician assistants (PAs) of effective and accessible continuing medical education (CME). In late 1973, the AAPA adopted guidelines to recognize and accredit CME programs for physician assistants. In addition to program recognition and accreditation, the Academy also sponsors CME for physician assistants nationally.

However, it has long been apparent to the American Academy of Physician Assistants, as it has to many other health professions organizations, that there has been far from optimum coordination and utilization of existing resources. Each profession and institution has pursued an independent course in providing continuing medical education. There has been little or no communication of plans and results among CME providers.

In recent years there has been increased interest in efficient and effective provision of CME. Concern for such provision of CME has resulted in the formation of the Alliance for Continuing Medical Education. This group of leaders in medical practice, medical education, government, and the pharmaceutical industry actively strives to identify ways to "promote the implementation of a rational, pluralistic, and coordinated system of continuing medical education" (Miller, 1975, p. 10).

The recognition by the University of Nebraska Medical Center of the need to effectively utilize CME resources resulted in another effort to coordinate CME activities. The staff at Nebraska proposed and received a grant to establish a state-wide "Master Calendar" of educational programs for the state's various health professionals.

The AAPA also recognizes that continuing medical education programs not explicitly developed for physician assistants may nonetheless be useful for them. This recognition, together with a continuing interest in and search for innovative and effective CME formats, resulted in the Academy's proposal to investigate the appropriateness for physician assistants of the Individual Physician Profile program developed for general and family physicians by the University of Wisconsin - Extension's Department of Continuing Medical Education.

## II. PURPOSE

The Individual Physician Profile (IPP) program was designed by the University of Wisconsin - Extension, Department of Continuing Medical Education, to help generalist physicians and family practitioners analyze their practices and identify the areas in which they most need continuing medical education. This program allows physicians to identify their CME needs while remaining in their practice settings. Because of the uniqueness of this self-assessment tool, the American Academy of Physician Assistants' commitment to meaningful CME, and the many similarities between the medical problems encountered in family practice and those encountered by physician assistants, it seemed appropriate for the Academy to investigate this Individual Physician Profile program with regard to its use by physician assistants.

The purpose, therefore, of this project was to select and process a trial group of 100 physician assistants through the Individual Physician Profile program and, based on information obtained from this group's participation in the program, assess its applicability for physician assistants generally.

As a point of clarification, it was <u>not</u> the purpose of this project to validate the University of Wisconsin's program. Rather, the purpose was to determine whether IPP is applicable for a group other than that for which it was originally developed -- specifically, is it applicable for physician assistants?

## III. METHODS FOR ACCOMPLISHING PURPOSE

To accomplish the purpose of the project, as described in the previous section, several steps or methods were employed. These steps were as follows:

- Acquisition of detailed information regarding the Individual Physician Profile procedures followed by physician assistant participants;
- Selection of physician assistants to take part in the IPP program;
- Processing of the physician assistants selected for the IPP program;
- Collection of attitudinal data from physician assistants contacted about and participating in IPP;
- Monitoring of CME activities of physician assistant participants in the Individual Physician Profile program;
- Review of IPP-related data by educational and medical experts as preparation for making recommendations about the program's applicability for physician assistants.

### A. Acquisition of Detailed Information Regarding the IPP Procedures Followed by Physician Assistant Participants

The University of Wisconsin - Extension, Department of Continuing Medical Education, with the support of the National Institutes of Health and the W. K. Kellogg Foundation, developed a program to help general and family practitioners plan for continuing medical education. This Individual Physician Profile program involves an analysis of each physician's practice and the relation of continuing medical education to the knowledge and skills required by the patients and community served. In order for the Academy to more fully understand what physician assistants participating in IPP would be required to do as part of the

program, the University of Wisconsin provided copies of the forms and examples of program results for AAPA staff review.

When the Academy had obtained an understanding of what IPP participation entailed, the selection of IPP participants as well as the planning for assessment of program applicability for physician assistants began.

B. Selection of Physician Assistants to Take Part in the IPP Program

The scope of work for the project called for the selection of 100 physician assistants to participate in the Individual Physician Profile program in order to assess the applicability of the program for physician assistants. The methods used to select these IPP participants are described below.

1. Original Selection Procedure

A sampling procedure was developed to use in selecting the 100 physician assistants to participate in IPP. This procedure was adopted to combine random participant selection with control over factors that might most influence the use of IPP by physician assistants. Six steps were the core of this original procedure.

> Step 1: The population was identified from which IPP participants were to be selected. This population consisted of 1975 graduates of American Medical Association (AMA) approved physician assistant programs and/or physician assistants who were certified by passing the National Commission on Certification of Physician's Assistants (NCCPA) examination administered in the fall of 1975. This group of physician assistants was the one which, as a requirement for NCCPA reregistration, had to "log" 100 CME hours with the Academy by June 1978. They were thus thought to be the physician assistants most likely to be actively fulfilling their CME requirements in 1977 and would therefore be most likely to demonstrate immediate use of any IPP CME recommendations.

Step 2: The population of 1975 graduates was stratified, using as a basis for this stratification the four major census regions, West, North Central, South, and Northeast, of the United States (see EXHIBIT A for listing of states in these regions). The reason for stratifying by region was to ensure adequate representation of physician assistants whose accessibility to CME (and hence ability to follow IPP recommendations) might vary across the United States.

Step 3: Twenty-five participants from each of the four census regions were randomly sampled. The selection of 25 physician assistants per region was done to ensure that geographic imbalance in physician assistant placement would not result in so small a number of participants being selected from any region that geographic comparisons, if desired, would be impossible. The random sampling procedure (using a random numbers table) was employed to provide each physician assistant in the specified population within a given region an equal probability of selection for participation in IPP.

Step 4: Physician assistants with 50 or more hours of CME to their credit were identified and eliminated as IPP participants. The reason for screening out those physician assistants who were nearest completion of their 100 hour CME requirement for 1978 was to maximize the likelihood that participants would be engaging in CME and perhaps following IPP recommendations after the program. Replacement participants were sampled for any ineligible physician assistants.

Step 5: Invitations, together with postpaid return envelopes, were mailed to the 100 physician assistants sampled and eligible to participate in IPP (see EXHIBIT B for copies of invitation materials). The conditions of acceptance presented to these selected physician assistants were:

(1) the Academy, through the contract, would pay the cost of participation in IPP;

(2) the participant would sign an agreement/release form, included with the invitation to participate, allowing the University of Wisconsin to release to the Academy, by name, for research purposes, the results of his/her educational consultation; and

(3) the participant was assured of confidentiality of personal results and information.

There was a follow-up mailing to physician assistants who did not respond to the initial contact.

Step 6: Replacement participants for the original 100 were sampled as necessary. When a physician assistant declined to participate, failed to respond to the IPP invitation, or withdrew after enrollment in the program, another was randomly selected from within the appropriate region.

2. Modifications in Original Selection Procedure

To better understand the IPP procedures and results, a decision was made near the beginning of the project to select four IPP participants who would not be part of the regular sample and who, therefore, did not have to meet the standard selection criteria. These physician assistants agreed to discuss all results of the IPP program, thus providing more detailed information than persons selected in the regular manner. To accommodate these four specially selected participants in the 100, the quota per census region was reduced to 24.

Several months into the IPP project it became apparent that there were problems in completing the sample of 100 IPP participants. This was due to the fact that the responses from physician assistants who were invited to participate were not as positive as expected and to the attrition of some physician assistants before they had completed the IPP program.

In an attempt to counter these problems, modifications were made in the original IPP participant selection procedure discussed previously. The modifications made were as follows:

(1) the invitation materials were edited to eliminate choice of month in which to participate, amend response deadline dates, etc. in the hope of speeding up replacement sampling;

(2) follow-up mailings were eliminated to shorten resampling time and obtain prompt, interested participants for the IPP program;

(3) to save time, some physician assistants were contacted by phone prior to being mailed an invitation package in order to screen out those persons who were unable or unwilling to help with the project;

(4) the population from which the IPP participants were sampled was restricted to Academy members with under 50 hours of CME credit in order to maximize the likelihood of support for the Academy's project; and

(5) five physician assistants (in addition to the four selected at the beginning of the project) were nominated by fellow physician assistants (at the AAPA's request) to participate in IPP and discuss their program results.

The first three modifications which were made in the sampling procedure were minor and not thought to have any significant impact on the generalizability of the sampled physician assistants' results to the population from which the sample was drawn. Modification 4 could conceivably have had some impact on IPP completion rate through selection of a more participation-oriented group of Academy members. However, there was no apparent reason to believe that, when asked to provide their opinions of the program itself, these persons' answers would be influenced by their Academy membership. Therefore, for purposes of analysis all physician assistants sampled in the regular manner and all of those who were selected according to Modifications 1 through 4 were considered together as a group.

The original selection of four physician assistants to discuss their IPP results, together with the nomination of five additional physician assistants to participate in this manner (Modification 5), resulted in a group of nine participants whose data the staff thought

would not be generalizable to the originally defined physician assistant population. Therefore, the data from this "specially selected" group of physician assistants was not tabulated with the other IPP participants' information. The information provided by this group was used instead as a basis for development of data collection instruments for the physician assistants who were sampled in the regular manner.

Even with the modifications to the original selection procedure, it was difficult to recruit and maintain physician assistant participants in the IPP program. As projected deadlines for project completion passed, all efforts to select replacements for physician assistants who withdrew from or did not complete the IPP program were terminated.

C. Processing of the Physician Assistants Selected for the IPP Program

Initially, the University of Wisconsin was simply provided names and copies of the agreement/release of information forms for physician assistants who had agreed to participate in the Individual Physician Profile program. Wisconsin then had the responsibility for contacting these physician assistants and processing them through the program.

It was originally estimated by Wisconsin that it would take approximately 26 weeks for all physician assistants to complete IPP. About two-thirds of the way through this 26-week period it became apparent to the AAPA that there might be some delay in having all the physician assistants complete IPP by the projected deadline. When a report from Wisconsin near the projected completion date made it obvious that the 26-week timetable needed to be considerably extended, the AAPA staff began to intervene in the processing of IPP participants.

This intervention consisted of:

(1) contacting the participants to determine if they intended to complete IPP and to encourage them, if they did plan to finish, to do so promptly; and

(2) requesting weekly progress reports from Wisconsin indicating the current status of all physician assistants enrolled in the program.

The outcome of this processing of physician assistants is reported in the "Results" section of this report.

D. Collection of Attitudinal Data From Physician Assistants Contacted about and Participating in IPP

One source of information tapped in seeking to assess the applicability of the IPP program for physician assistants was the physician assistants who actually took part in the program. These participants provided opinion data regarding the procedural efficiency of the program, the relevance of materials in the program for the participant, and the extent to which the IPP program was actually useful for or used by the physician assistant trial group. This participant data was then combined with other information obtained about IPP to serve as a basis for the assessment of the program's applicability for physician assistants.

At the suggestion of an Evaluation Committee (to be discussed more fully in a later section of this report) which reviewed progress on the IPP project, information was also collected regarding the reasons physician assistants had for not participating in, or for starting and not completing the IPP program. By obtaining information from these physician assistants additional insight was available as to the utility of the IPP program for the general physician assistant population.

As a means of collecting data about the opinions of physician assistants contacted about the Individual Physician Profile program, written information checklists were developed for:

(1) participants in the program;

(2) physician assistants who began but did not complete the IPP program;

(3) physician assistants who declined to participate in the program and gave no reason why; and

(4) physician assistants who did not respond to the invitation to participate in IPP.

In addition to the checklist data, the responses of physician assistants who had declined to participate in IPP and explained why when they did so were also tabulated.

As an assurance of objectivity in the assessment process, the checklist for participants in the IPP program was designed by a consultant to the project, Dr. Richard C. Cox, Director of the Office of Measurement and Evaluation at the University of Pittsburgh. The AAPA staff obtained and provided to Dr. Cox:

(1) a description of the IPP program, copies of program materials, and other information furnished by the University of Wisconsin;

(2) input from the physician assistants who had agreed to discuss their IPP results regarding what to ask about the program; and

(3) Evaluation Committee suggestions regarding what information to have to better assess the applicability of IPP for physician assistants.

The checklist developed for IPP participants who completed the program (see EXHIBIT C, Item 1) was kept as brief and simple as possible. Participants were asked questions about each individual procedure in the program and then asked to indicate their reactions to the recommendations from IPP for CME, and their reactions to the program in general.

The purpose of this ordering of questions was to provide a "forced" review of IPP before general comments were elicited.

After pilot testing, this checklist was mailed, together with a cover letter and a description of the steps in IPP, to the participants who had completed the program. A follow-up mailing to those physician assistants who did not reply was conducted approximately two weeks after the initial mailing.

The three checklists for physician assistants who either chose not to participate in or failed to complete IPP were very similar to each other. The AAPA staff compiled a list of possible reasons for declining/not responding to an IPP invitation or withdrawing from the program. Comments of persons who had declined to take part in IPP but explained why when doing so were used as the basis for the development of these checklists. In addition to asking the physician assistants who withdrew from IPP to indicate why they did so, these persons were also asked at what point in the program they decided not to continue. Copies of these checklists are found in EXHIBIT C.

On the checklists for nonparticipants and physician assistants who withdrew from IPP, respondents were allowed to check multiple reasons for their actions. There were no follow-up mailings for these three checklists.

## E. Monitoring of CME Activities of Physician Assistant Participants in the Individual Physician Profile Program

As a measure of the extent to which the IPP program helped physician assistants discover and meet their continuing medical education needs, and thus as an indicator of the applicability and effectiveness

of the IPP program for physician assistants, the CME activities of project participants were monitored.

For all IPP participants who were currently logging CME hours with the Academy (the AAPA is the official agency which "logs" CME for physician assistants), information was monitored regarding the titles and topics, date, location, method of presentation, category of credit, and number of credit hours awarded for each CME activity in which they engaged. This information on CME activities of IPP participants was noted during:

(1) the six months previous to each physician assistant's enrollment in IPP;

(2) the time between a participant's enrollment in and actual completion of the program; and

(3) the time from each participant's completion of IPP until mid-November 1977.

The information collected about CME activities after participants completed IPP was compared to the CME recommendations they had received in their final summary letter from Wisconsin. Their activities after IPP were also compared to the listing of specific educational resources which were abstracted and provided them from the University of Wisconsin's Educational Resource Index (ERI). From these comparisons, it was possible to determine whether IPP recommendations corresponded with participants' actions and whether specific ERI entries did appear in IPP participants' "logs" of CME in which they had participated after the program.

To determine whether there had been changes in the CME-related activities of participants following their participation in IPP, their CME was also monitored to establish a "baseline" for comparative purposes. This "baseline" was composed of the activities of the

physician assistants for six months prior to enrollment in IPP and also for the time during which they were completing IPP. By examining both participants' current and past CME activities, significant departures from previous activities would be noted.

F. Review of IPP-Related Data by Educational and Medical Experts as Preparation for Making Recommendations about the Program's Applicability for Physician Assistants

1. Project Staff

The project staff had the primary responsibility for developing and implementing the methods used to complete this project. The staff discussed project plans with the Evaluation and Advisory Committees to the contract, selected IPP participants and worked with the University of Wisconsin to process these physician assistants through IPP. The staff also consulted with a measurement and evaluation expert, collected information regarding IPP from the program's administrators and the physician assistant participants, and conducted committee meetings to obtain recommendations regarding the Individual Physician Profile program's applicability for physician assistants.

2. Consultant

Dr. Richard C. Cox, Director of the Office of Measurement and Evaluation at the University of Pittsburgh, served as project consultant. In this capacity he worked to design the checklist for IPP participants and helped with the analysis and presentation of all checklist results. In his position as a skillful evaluator who was, at the same time, unfamiliar with the difficulties in selecting and processing participants, Dr. Cox provided unbiased advice as program-related data was collected and reviewed.

3. Advisory Committee

The Advisory Committee for the AAPA contract included representatives from nationally prominent medical organizations. These organizations have a significant interest in issues affecting the physician assistant profession.

When the Advisory Committee met, members were asked to discuss IPP, providing any information they had regarding physician participation in the program or the results of any previous program evaluations. This Advisory Committee was also asked to comment on the currentness and appropriateness for physician assistants of materials listed in several sections of the University of Wisconsin's Educational Resource Index, portions of which were furnished IPP participants as part of their CME recommendations. Specifically, members' comments were elicited on listings of audiovisual materials, programmed instruction units, home study courses, and medical texts that appeared in three particular sections of the ERI. These types of materials were selected for committee review as opposed to conference listings due to their more stable and lasting nature. The three sections of the ERI which were provided for committee members to review were:

| | |
|---|---|
| Category 3-1 | Diabetes Mellitus |
| Category 7-2 | Hypertension |
| Category 8-1 | Acute URI/Pneumonia/Flu. |

These three sections were selected because they were among the ones most frequently provided by the University of Wisconsin to physician assistant participants in IPP.

No attempt was made to directly compare the ERI entries to the Role Delineation (1976) for physician assistants as this 1976 document was concurrently in the process of revision and verification. Several

Advisory Committee members were, however, familiar with or had worked on the 1976 role delineation and thus could draw on their experiences to determine the appropriateness of ERI entries for PAs.

Input regarding IPP was elicited from Advisory Committee members in the form and manner described above. However, the responsibility for decisions about recommendations regarding applicability of the IPP program for physician assistants rested with the Evaluation Committee and project staff.

4. Evaluation Committee

The members of the Evaluation Committee included educational specialists competent in criterion-referenced measurement, design of instructional materials, evaluation methodology, and clinical simulation. Two representatives of the Academy's Professional and Continuing Medical Education Committee were also named to this Evaluation Committee.

Each Evaluation Committee member was asked (as was each Advisory Committee member) to share with other members any information he/she might have individually acquired about the IPP program. In addition, the Evaluation Committee:

(1) reviewed the three sectons of the ERI reviewed by the Advisory Committee;

(2) heard and exchanged comments with the Advisory Committee at a joint meeting regarding both the ERI and what was generally known about the IPP program;

(3) reviewed information pertaining to the selection of IPP participants; and

(4) reviewed data collected from physician assistants who were involved in the IPP project.

After meeting and reviewing the available information about IPP and then discussing this information among themselves, the committee

members were asked to summarize their recommendations regarding the applicability of the Individual Physician Profile program for physician assistants.

## IV. RESULTS OF METHODS

The methods used to assess the appropriateness of the Individual Physician Profile program for physician assistants were described in detail in the previous section. The results of each of the methods taken, for the most part, independently are described in the following paragraphs. The recommendations regarding the applicability of the Individual Physician Profile program for physician assistants which were the outcome of these methods are presented in Section V, "Conclusions and Recommendations," of this report.

### A. Acquisition of Detailed Information Regarding the IPP Procedures Followed by Physician Assistant Participants

The Individual Physician Profile program, as developed by the University of Wisconsin for family physicians, has three major components as described in the program brochure (see EXHIBIT D). These components are:

(1) the development of a practice profile for each participant;

(2) the generation of a test appropriate to this practice profile; and

(3) the formulation of recommendations for continuing medical education based on the test results and the practice profile.

Although some modifications were made to accommodate participating physician assistants, the major components of the physician-oriented program remained fundamentally unchanged.

In order to develop a practice profile, each physician assistant participant was asked to:

(1) complete an information sheet requesting personal, demographic, educational, and practice data, as well as information on the availability to him/her of continuing medical education resources; and

(2) tape record or use a paper and pencil logging system to record information on the patients and their problems which he/she saw during a five-day work week.

Both the information sheet and patient information were returned by the participant to the University of Wisconsin.

Based on the practice profile data the participant submitted, a test of no more than 125 questions was generated at the University of Wisconsin to assess the participant's knowledge of problems occurring among patients he/she saw. The physician assistant was mailed this personalized test along with an answer sheet designed to provide immediate feedback on the accuracy of responses to the test questions. Upon completion of the test, the participant returned this answer sheet to Wisconsin for scoring.

It should be noted that arrangements were not made to obtain access to the University of Wisconsin's item bank to determine whether the test items were within the role delineation for the physician assistant. If any further assessment of this program or any other existing program occurs, or if a self-assessment package similar to IPP were developed specifically for physician assistants, the verified Role Delineation for the Physician Assistant (Volume II of this report)

would provide a basis for analysis or development of test items. For an example of a self-assessment examination developed using the verified role delineation as a basis, see Volume III of this report, Development of a Self-Assessment Examination for Physician Assistants.

Finally, physician assistant participants in IPP were provided recommendations for their continuing medical education. In preparation for a phone consultation with an educational consultant regarding CME needs, each participant was asked to complete and return to Wisconsin a "Questionnaire for Consultation." This questionnaire was designed to determine the educational needs and preferences of each participant. Also in preparation for the phone consultation, each participant was provided a practice profile booklet. This booklet summarized the data gathered about a participant's practice and presented his/her test results categorized by the different categories and subcategories of diseases in the International Classification of Diseases, Adapted (ICDA). At a prearranged time the educational consultant selected by the University of Wisconsin - Extension, Department of Continuing Medical Education contacted each IPP participant by telephone to discuss his/her practice profile, test results, and CME preferences, and to make recommendations as to the participant's CME needs.

As a follow-up to the telephone consultation, the physician assistants participating in IPP received a letter summarizing the information on patients and problems seen, as well as the results of their tests. In this letter topics for each participant's continuing medical education were suggested. To aid the IPP participant in identifying CME that would meet his/her needs, the University of Wisconsin also provided selected pages from its Educational Resource

Index. This ERI contains a listing of educational opportunities (coded according to the ICDA categories) in the form of conferences and traineeships, audiovisual and programmed instruction materials, and medical texts.

The cost for either physician or physician assistant participation in IPP was $80.00. Physician assistants who took part in the program had this fee paid by the Academy through project funds.

With regard to CME credit, the AMA had approved the IPP program for four hours of category 5 credit for the Physician's Recognition Award. A cochairman of the Academy's CME Committee, likewise, authorized four hours of credit in the Academy's Category I for the physician assistants who completed the IPP program as part of this project.

B. Selection of Physician Assistants to Take Part in the IPP Program

The results of the procedures used for the selection of IPP participants are summarized in Table 1. The "sampled" participants were those chosen according to the original or only slightly modified selection procedures. The "specially selected" IPP participants were those physician assistants who did not have to meet standard selection criteria and who were asked to share their IPP results. It should perhaps be noted as an addendum to the Table 1 figures, that 18 physician assistants were sampled but their invitations to participate were returned by the post office as undeliverable.

In all, a total of 199 physician assistants were invited to participate in the IPP program. Of these 199, 190 were "sampled" participants and nine were "specially selected" physician assistants. As

Table 1

Physician Assistant Selection for the IPP Program

| | | |
|---|---|---|
| **Sampled IPP Participants** | | |
| Completed IPP | | 81 |
| Accepted, but dropped out of IPP by personal choice, circumstances | | 10 |
| Accepted, but dropped because of failure to complete portions of IPP | | 9 |
| Accepted, but not a practicing physician assistant | | 4 |
| Accepted, but not included because physician assistants were out of the U.S. | | 2 |
| Declined to participate and explained why | | 24 |
| Declined to participate and did not explain why | | 20 |
| Did not respond to IPP invitation | | 40 |
| | Subtotal | 190 |
| **Specially Selected IPP Participants** | | |
| Completed IPP | | 8 |
| Accepted, but dropped out of IPP by personal choice, circumstances | | 1 |
| | Subtotal | 9 |
| Total Contact | | 199 |

Table 1 and the following discussion of results of participant processing indicate, not everyone contacted agreed to participate and/or remained enrolled in the IPP program to its completion.

C. Processing of the Physician Assistants Selected for the IPP Program

The efforts of the University of Wisconsin to process participants, coupled with AAPA intervention to encourage physician assistants to continue IPP, resulted in 89 persons completing the program. Of these 89, 81 were "sampled" participants and eight were "specially selected" persons who had agreed to discuss their Individual Physician Profile program results.

D. Collection of Attitudinal Data from Physician Assistants Contacted about and Participating in IPP

Attitudinal data was collected, via checklist, from the physician assistants who had been randomly selected and contacted about participating in IPP. No data is reported for the eight "specially selected" physician assistants who participated in the program.

In the following sections the data from

(1) physician assistants who completed IPP,

(2) physician assistants who began but did not complete the program,

(3) physician assistants who declined to participate, and

(4) physician assistants who did not respond to the IPP invitation

is summarized. This data reflects the opinions of physician assistants regarding their participation in the IPP program.

1. Attitudes of Physician Assistants Who Completed IPP

Checklists were returned by 75 of the 81 physician assistants who completed IPP for a response rate of 92.6%. Participants' responses are presented in EXHIBIT E.

Overall, most physician assistants who took part in IPP were positive in their reactions to it. Eighty-seven percent of the checklist respondents were highly favorable or favorable to the program and 81% of the respondents said that they would recommend IPP to their colleagues.

The most useful step in IPP as perceived by participants was the test (90% found it very or somewhat useful). Less useful steps in IPP were the phone consultation (57% found it very or somewhat useful) and the pages from the Educational Resource Index (59% found these very or somewhat useful).

Since the stated purpose of the program was to help participants identify their continuing medical education needs, the 81 physician assistants were also asked about their reactions to the CME recommendations which were part of IPP. While still favorable, the responses were not as positive as in other sections of the checklist. Seventy-two percent of the respondents indicated the IPP program was helpful in suggesting CME possibilities, while 28% thought that it was not helpful to them.

When asked if they had attended any CME programs on topics recommended for them by IPP, only 25% of the physician assistants who responded said they had attended such programs. Seventy-three percent said they had not. This compared to 49% of the respondents who indicated that, since IPP, they had attended programs on problems

or diseases which IPP indicated they did not see frequently in their practices (47% had not attended such programs).

When asked to discuss their plans for CME, 65% of the respondents to the checklist indicated they would attend programs on topics recommended by IPP and 28% said they would not. These percentages were not very different from the 68% of physician assistants who said they planned to attend CME dealing with problems or diseases that IPP indicated they did not see frequently in practice, and the 24% who said they had no plans to attend such CME.

To help determine why only 89 persons actually completed IPP (19 "sampled" physician assistants and one "specially selected" PA who accepted the invitation to participate did not finish the program), several questions relating to administrative aspects of the program and the test design were also included in the checklist for the 81 "sampled" participants. Most checklist respondents felt that the methods for recording patient data were convenient. The tape recorder method was judged to be more convenient than the paper and pencil log sheets, however. Instructions for completing information sheets and for recording patient data were generally thought to be clear. The major criticisms by participants were that the test items were unclear or at an inappropriate level and that too little CME credit was given for the time required to complete the program.

From reviewing the attitudes of physician assistant participants as expressed in their checklists, it was thus apparent that they were receptive to the IPP program. They were able to complete the program as designed and about three-fourths found it useful in suggesting CME possibilities. When it came to use of IPP's CME recommendations, res-

ponses were not as positive. Many physician assistants were unable or unwilling to modify their CME-related behavior to accomodate the recommendations from the IPP program.

Participants' responses also reflected some concern with test item construction and with the credit hours awarded for the IPP program. The test construction directly relates to the design of the IPP program. The question of the number of credit hours awarded for participation is external to the program but should be carefully considered for the effect on motivation of IPP participants.

2. Attitudes of Physician Assistants Who Began but Did Not Complete IPP

Nineteen "sampled" physician assistants enrolled in but did not complete the IPP program. Information was received by the AAPA staff that illness caused two of these 19 to withdraw from the program and that enrollment in medical school was the reason for a third person's withdrawal.

The remaining 16 physician assistants were mailed a short checklist to determine why they had not completed IPP and at what point in the program they decided to withdraw. Eleven responses were received for a response rate of 68.8%. The frequency results from this checklist can be found in EXHIBIT F.

By far the most frequently cited reason for not completing IPP was that the participants did not have time to finish the program. Regarding the point in the IPP program when they decided to withdraw, about half of the respondents indicated they had recorded some or all of the required patient data when they made their decisions.

From this data, it became obvious that the administrative design of the IPP program might cause some problems. Participants would have

to be convinced of the program's value in order to motivate them to invest the time that a long-term CME program such as IPP requires.

3. Reasons Physician Assistants Had for Declining the Invitation to Participate in IPP

Twenty-four physician assistants declined to participate in IPP and immediately explained why they did so. An additional 20 physician assistants who did not explain why when they declined the IPP invitation were mailed a brief checklist to determine their reasons for nonparticipation. One of these checklists was marked "undeliverable" by the post office and 11 were completed and returned. The response rate, excluding the undeliverable checklist in the calculation, was 55%.

In EXHIBIT G, the results from the checklist to nonparticipants are compared to the reasons volunteered by physician assistants for not taking part in IPP. It is clear that two sets of reasons were at work for these two groups who chose not to begin the IPP program. Program-related and employment-related reasons were the most often cited. The physician assistants who responded to the checklist most often checked, as one of their reasons for nonparticipation, that the program appeared too time-consuming. Employment-related reasons such as a changing job situation, practice in a specialty setting, and not currently practicing as a physician assistant were also cited by several of these persons as reasons for nonparticipation. The physician assistants who declined to participate but explained why at the time they did so cited almost exclusively employment-related reasons for their actions.

This information from physician assistants who declined to participate in IPP seems to confirm that obtaining a commitment for a longer-

term CME program may require special administrative or motivational techniques. In addition, IPP as designed for family physicians does not seem to serve the needs of physician assistants in specialty settings or in settings where there might be limited patient contact. In addition, the physician assistants seem to exhibit a job mobility and flexibility that may necessitate rather frequent repetition of IPP in order for CME recommendations to be currently relevant.

4. Reasons Physician Assistants Had for Not Responding to the IPP Invitation

Checklists were mailed to the 40 physician assistants who were sampled but did not respond at all to the invitation to participate in the IPP program. The post office was unable to deliver three of the checklists and 21 were completed and returned by the physician assistants. The response rate for this checklist was, not counting the checklists which were not delivered, 56.8%.

Results from this checklist indicated that program-related reasons were most often given for nonresponse to the IPP invitation. That the program appeared too time-consuming, the physician assistant personally had no time for IPP, patient confidentiality might be compromised, or the program did not appear worthwhile were cited a total of 14 times. Employment-related factors were checked eight times as contributing to nonresponse to the invitation to participate in IPP as were procedural reasons such as mislaying or forgetting to respond to the invitation, not receiving the invitation, or receiving it too late to respond. The response frequencies for this checklist are presented in EXHIBIT H.

The reasons physician assistants gave for not responding to the IPP invitation are thus similar to those reported for physician

assistants who declined to participate. Concern about time commitments required by the program and employment-related factors were important for this group of physician assistants also. One additional set of factors which came into play with this group was forgetting to respond and/or the idiosyncrasies of the invitation delivery process.

E. Monitoring of CME Activities of Physician Assistant Participants in the Individual Physician Profile Program

The purpose in monitoring the CME activities of IPP participants was to determine if the program did help physician assistants recognize their needs and choose CME appropriate to them. CME activities of IPP participants were monitored both prior to and after the program for the 62 "sampled" physician assistants eligible to log CME with the AAPA by fall 1977. Nineteen PAs were not eligible to log CME at the time of the project.

Of these 62 physician assistants who were logging CME, 53 had completed IPP by June 1, 1977, providing five and a half months after the program to monitor their CME behavior. Six others had completed IPP by August 1, 1977. The remaining three physician assistants completed IPP after September 1, 1977, and thus had little time to engage in or log CME activities before the end of the monitoring period.

By mid-November 1977, when project staff ceased to monitor IPP participants' CME activities, only 14 of the 62 physician assistants eligible to log CME had notified the Academy of any CME activities they had completed after IPP. This may have been due to the fact that they had participated in no CME, or because they had not yet logged activities with the Academy.

The small number of IPP participants who had logged CME by mid-November 1977 limited any generalizations about the effects of the program. It was also extremely difficult to draw any conclusions about the effects of IPP on the CME behavior of these 14 participants because, by and large, the CME recorded was either from the same source(s) as previous to IPP (e.g. hospital lectures) or of a review nature encompassing many topics. This made it difficult to determine if IPP influenced decisions to attend the courses, read textbooks, etc. or if attendance was motivated by a convenient location or known sponsor of CME with the result that any correspondence between CME taken and IPP recommendations was purely accidental.

Of the 14 IPP participants who had logged CME after the program, only one had actually attended a course whose title was listed in the final summary letter or pages from the ERI sent by Wisconsin. The fact that this person had previously attended CME in the same location, coupled with the proximity of receiving the recommendation to the occurrence of the CME, casts at least some doubt on the strength of the cause and effect relationship between the IPP program and attendance at the course in even this case.

To summarize the results of the comparisons of recommendations from IPP with the CME activities of program participants, it was questionable whether enough time had elapsed between participants' completion of the program and the mid-November 1977 cutoff for monitoring CME to draw any conclusions regarding the effects of IPP on behavior. It also became apparent that linkages between IPP recommendations and the CME activities of participants were rather tenuous. It was concluded that unless clear deviations occurred in previous CME behavior

patterns of participants after IPP, or unless participants engaged in CME using specific entries in the ERI, it would be difficult to determine the actual impact the program had on participants' CME activities.

F. Review of IPP-Related Data by Educational and Medical Experts as Preparation for Making Recommendations about the Program's Applicability for Physician Assistants

The Advisory and Evaluation Committees, at a joint meeting, were asked to comment on the currentness and appropriateness for physician assistants of listings of audiovisual materials, programmed instruction units, home study courses, and medical texts appearing in the three sections of the University of Wisconsin's ERI dealing with diabetes mellitus, hypertension, and acute URI/pneumonia/flu. As a result of this review, the committee members generally felt that, while they recognized the amount of effort necessary to keep an educational index up-to-date, some of the entries in the sections of the Educational Resource Index which they reviewed were outdated and that more current information should be included. This was particularly true for the listings of medical texts, where in some cases older editions rather than the newest editions were listed.

With regard to appropriateness of the ERI entries for physician assistants, it was agreed that, since the patient problems seen by family practitioners and physician assistants would be similarly primary care oriented, if the ERI did fit the needs of family practitioners it would also be appropriate for physician assistants. There was, however, some uncertainty as to whether the ERI entries were consistently primary care oriented, and thus their value for family physicians and physician assistants alike was questioned. No attempt was made to systematically

compare ERI entries to the 1976 role delineation for PAs. The committees' members did suggest that the ERI include entries specifically intended for physician assistants as the primary users or participants in order to increase this group's CME choices and relate the IPP program more directly to them.

In addition to the ERI review and discussion, the Evaluation Committee also met separately to review the results from:

(1) the selection of IPP participants;

(2) the processing of these physician assistants;

(3) the checklists regarding the attitudes of physician assistants who completed IPP, did not complete the program, or did not participate in the program; and

(4) the monitoring of participants' CME activities following IPP.

The project consultant, Dr. Richard C. Cox, reviewed with the Evaluation Committee the data relating to selection and processing of IPP participants, as well as the checklist data that was available.

Following review of the above information, the Evaluation Committee was asked to make recommendations regarding the IPP program's applicability for physician assistants. The committee members indicated approval of the basic concepts on which IPP depends. However, the Evaluation Committee, as well as the project staff, felt that further information should be collected relating to IPP before recommendations regarding the program's applicability for physician assistants were made.

The Evaluation Committee had questions regarding the University of Wisconsin's implementation and evaluation of IPP. Specifically,

the members wanted to learn:

(1) if previous evaluations of IPP had been done (and if so, to obtain copies of or citations for these evaluations);

(2) what the future commitment of the University of Wisconsin's staff was to the IPP program for physicians and/or physician assistants;

(3) if the IPP staff was open to making adjustments in the program;

(4) what types of alternatives there might be to the educational consultation and prescription phase of the IPP program as currently designed;

(5) what would be the approximate cost of making adjustments such as updating the item bank or altering the educational consultation and prescriptive phase of IPP;

(6) what the basic operating costs were for IPP; and

(7) what the developmental and start-up costs were for such a program.

The AAPA project staff contacted the University of Wisconsin by letter and requested the information specified by the Evaluation Committee. The response received from the Director of the University of Wisconsin - Extension's Department of Continuing Medical Education is included as EXHIBIT I. In his letter, the Director indicated that the IPP procedure had not really been evaluated. He did indicate that the University of Wisconsin had a long-term commitment to the concept and was actively promoting IPP's use by PAs. With regard to adjustments in the program, his response indicated a reluctance to undertake major changes until some validation was available, but a receptivity to changes that would not be costly. The costs of any changes would depend on their nature. Specifically relating to modifications in the consultation and the education prescription phase of the program, the Director suggested that a motivational or monitoring step might be necessary in

order to have participants carry out IPP recommendations for their CME. Figures were also provided in the letter from Wisconsin relating to the basic operating and start-up costs of the IPP program.

As further information the Director enclosed an article entitled "Computerized Test Bank for Clinical Medicine" by Sigurd E. Sivertson, et. al. which was published in the March 1973 issue of Educational Technology. In this article, the authors described the item pool which was developed by Wisconsin and from which IPP participants' test questions were drawn. The Evaluation Committee, prior to receipt of this information, had expressed some concern that the approximately 2,000 items in the test bank might not be enough to enable the construction of a test geared to a particular practice in which specific diseases and conditions are seen, perhaps within a limited patient population (e.g. limited by age or sex). Certain conclusions of the Sivertson, et. al. article seemed to justify the Evaluation Committee's concern. The authors pointed out that the result of testing physicians in both breadth and depth "has not been entirely satisfactory." For more specific diseases and conditions, often not enough questions were asked to permit judgements regarding participant weaknesses.

The Evaluation Committee also indicated that it would be useful to contact physician assistants whose checklist responses were favorable to the IPP program and pursue their commitment further. Twenty physician assistants were randomly selected from among those whose checklist responses were favorable to IPP. Five of these persons were contacted by phone and 15 were mailed letters (11 responded) to determine their willingness to again enroll in IPP and this time personally pay the $80.00 registration fee for the program. The object of obtaining

this information was to determine the degree of commitment of the physician assistants to IPP. The results indicated that five physician assistants would definitely re-enroll, two might participate again, and nine would not pay $80.00 and enroll in IPP on their own initiative.

The letter from the Director of the University of Wisconsin's Department of Continuing Education which discussed the seven points raised by the Evaluation Committee and a list of the articles relating to IPP which accompanied this letter were provided to both the Evaluation and Advisory Committees. The results of asking 20 physician assistants about future enrollment in IPP were also available for review by these committees. The last section of this report presents the Evaluation Committee's recommendations regarding the applicability of IPP for physician assistants.

## V. CONCLUSIONS AND RECOMMENDATIONS

The Evaluation Committee, after review of all of the information collected about the IPP program, unanimously approved the basic concepts involved in the program. Specifically, the concepts approved were as follows:

(1) the development of a practice profile;

(2) the employment of a means of self-assessment;

(3) the design of a prescription for continuing medical education based on self-assessment and/or a practice profile; and

(4) the engendering of the motivation to continue to identify personal weaknesses and needs and to engage in self-directed learning.

The committee also recommended that continuing medical education credit should be authorized for such self-assessment type programs with responsibility for determination of the category and number of hours of program credit resting with an agency designated for this purpose within the AAPA. The credit awarded is a motivational tool and should be appropriate to the time spent.

It was, however, the unanimous opinion of the Evaluation Committee that, while physician assistants could successfully be processed through the program, the Individual Physician Profile has serious drawbacks which limit its usefulness for physicians and physician assistants alike. THE EVALUATION COMMITTEE THEREFORE CONCLUDED THAT THE INDIVIDUAL PHYSICIAN PROFILE PROGRAM OFFERED BY THE UNIVERSITY OF WISCONSIN - EXTENSION, AS IT IS CURRENTLY DESIGNED AND IMPLEMENTED, IS NOT APPLICABLE FOR PHYSICIAN ASSISTANTS.

The Advisory Committee agreed with the Evaluation Committee's approval of the basic concepts involved in the IPP program. The Advisory Committee further concurred that the University of Wisconsin's IPP program is not currently applicable for physician assistants.

The reasons the Evaluation and Advisory Committee members had for their decision regarding the applicability of the Individual Physician Profile program for physician assistants are listed, and their implications discussed below:

(1) Some prescriptions from the Educational Resource Index (specifically medical texts) were outdated and this index would be more beneficial to physician assistants if it listed programs specifically for them as a group in addition to its other entries. In the opinion of the Evaluation and Advisory Committee members, the usefulness of the ERI to IPP participants was severely reduced by the presence of outdated references.

These committee members also suggested that the CME options available to physician assistants would be increased by including in the ERI, in addition to physician-oriented CME, those programs and materials specifically directed toward PAs.

(2) The item pool from which participants' tests were developed was small relative to the task of gearing the tests to specific diseases, conditions, and populations. The Evaluation and Advisory Committees were concerned that the 2,000 items in the IPP test bank, if distributed across multiple diseases and conditions, would result in test items being included which were either not related to a physician assistant's practice or at a level of difficulty that would be inappropriate for what most PAs see in practice. The 2,000 test items were not available for committee review. If further refinement of IPP or development of a similar, PA-specific program were undertaken, however, the verified Role Delineation for the Physician Assistant (Volume II of this report) could be used (as exemplified in Volume III) in determining the extent to which test items are comprehensive and appropriate to the PA role.

(3) The IPP program had not been evaluated by its developers. The Evaluation and Advisory Committees felt that there was some question about whether the program was effective in achieving its objectives of helping participants determine their CME needs and identify and participate in CME relating to these needs. An evaluation would determine where the program was succeeding and where modifications might be necessary.

(4) There appeared to be some question about the direction in which the program is headed due to the low physician participation and the lack of effort to correct any program deficiencies before offering it to physician assistants. The Evaluation and Advisory Committees expressed concern that the factors that contributed to lack of physician participation might also inhibit physician assistants' taking part in IPP.

(5) The logistics of IPP did not appear to be worked out well enough to enable the program to hold participant interest and avoid "dropouts." Committee members were concerned that no efforts appeared to have been made to determine why participants did not complete IPP and to find means to increase motivation before physician assistants were encouraged to take part.

(6) The follow-up question to participants about personally bearing the cost of enrollment in the program at a later date produced comments which were less positive than the earlier checklist data collected about physician assistant reactions to IPP. In the opinion of the members of the Evaluation and Advisory Committees, this response tempered the impact of the initially very positive checklist responses and appeared to indicate a lack of interest in the IPP program outside the confines of the project.

Although concluding that the University of Wisconsin's Individual Physician Profile program is not currently applicable for physician assistants, both the Evaluation and Advisory Committees did suggest that further research is warranted on this type of mechanism for CME. The Evaluation Committee specifically suggested that the AAPA consider seeking further funding to:

(1) survey other medical organizations and institutions to assess whether self-assessment-related resources exist in addition to those offered by the University of Wisconsin's Individual Physician Profile;

(2) study information available on existing programs similar to IPP to determine if these programs have problems with participant motivation, developing adequate test banks, maintaining current listings of CME recommendations, etc.; and

(3) investigate and, if feasible and desirable, implement an Individual Physician Assistant Profile preferably in collaboration with organizations with expertise in the self-assessment field.

When investigating the implementation of an Individual Physician Assistant Profile it is, however, important to keep in mind the limitations of this approach for certain segments of the total physician assistant population (e.g. physician assistants in administrative or educational positions).

## Selected References

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Sivertson, Sigurd E., Thomas C. Meyer, Richard Hansen, and Adeline Schoenenberger. "Individual Physician Profile: Continuing Education Related to Medical Practice," Journal of Medical Education, 48 (November 1973), 1006-1012.

EXHIBIT A

Census Regions for the United States

From: U.S. Department of Commerce,
Social and Economic Statistics Administration,
1970 Census of Population, issued May 1972
Volume I, Part A, Section 1, p. 7.

EXHIBIT A

CENSUS REGIONS FOR THE UNITED STATES

WEST

California
Washington
Oregon
Nevada
Arizona
New Mexico
Colorado
Utah
Wyoming
Idaho
Montana
Alaska
Hawaii

NORTH CENTRAL

South Dakota
North Dakota
Minnesota
Nebraska
Kansas
Missouri
Iowa
Wisconsin
Illinois
Indiana
Ohio
Michigan

NORTHEAST

Pennsylvania
New York
Massachusetts
Connecticut
Rhode Island
New Hampshire
Vermont
Maine
New Jersey

SOUTH

Virginia
Texas
Oklahoma
Arkansas
Mississippi
Kentucky
Tennessee
Alabama
Georgia
Florida
South Carolina
North Carolina
West Virginia
Maryland
Delaware
District of Columbia
Louisiana

Source: U.S. Department of Commerce, Social and Economic Statistics Administration, 1970 Census of Population, issued May 1972, Volume 1, Part A, Section 1, p. 7.

EXHIBIT B

Invitation Materials

EXHIBIT B
Item 1

American Academy of Physicians' Assistants
2341 Jefferson Davis Highway Suite 700
Arlington, Virginia 22202 703/ 920-5730

Donald W. Fisher, Ph.D.
Executive Director

Over the past several years, the CME Committee of the American Academy of Physicians' Assistants and the National Office staff have been working on a grant proposal to evaluate, develop and provide continuing education for Physicians Assistants. You may or may not be aware that the proposal was submitted in March and funded July 1, 1976 by the Department of Health, Education and Welfare.

The awarding of this contract puts the Academy and the P.A. profession in a unique position to investigate and implement the best methods of assuring competency to its members through continuing education programs.

With this brief introduction, I am pleased to inform you that you have been selected as one of one-hundred Physicians Assistants in the United States to initially participate, free of charge, in the Individual Physician (Assistant) Profile Program.

Briefly, the IPP Program was developed by the University of Wisconsin-Extension Department of Continuing Medical Education. The program is designed to profile a practice setting by collecting information on the types of problems seen by that practice and developing continuing education programs based on that profile. The building of a CME program based on your practice profile is unique. For this reason, the Academy would like to measure the effectiveness of this method of self-assessment for Physician Extenders.

By completing the IPP Program you can earn four (4) hours of Category I credit. In addition, continuing education credit can be earned by following the recommendations prescribed by the Educational Resource Index. In most cases, CME credit can be earned where it is convenient and meaningful to you.

This project is one of several projects the Academy and the National Office is undertaking to bring meaningful and effective continuing education to you, the practitioner. I am sure your fellow members, in the future, will thank you for taking part in this pioneering endeavor.

With best wishes -

Paul S. Toth
Chairman CME Committee
American Academy of Physicians' Assistants

PST:np

EXHIBIT B
Item 2


# American Academy of Physicians' Assistants

2341 Jefferson Davis Highway Suite 700
Arlington, Virginia 22202 703/920-5730

Donald W. Fisher, Ph.D
Executive Director


As Paul Toth indicated in his letter, you have been chosen to be asked to participate, as part of an HEW research contract with the American Academy of Physicians' Assistants, in the Individual Physician Profile program offered by the University of Wisconsin. This program is designed to help you analyze your practice and relate your continuing medical education to the knowledge and skills required by the patients and the community you serve.

The Individual Physician Profile is a three-step process. The first step involves obtaining a profile of your practice and will require about four hours of your time over the period of a week or so. You will be asked to answer some questions about your background and practice setting. Then, using a pocket tape recorder supplied by the University of Wisconsin, you will record specific items of information on each patient contact for the five days of one designated week between mid-October, 1976 and March, 1977. You will send all data to the University of Wisconsin.

The second step in the IPP program is a test composed of 125 questions. This test is based on your practice profile and is designed to assess your knowledge of problems occurring among patients you see. You will be asked to complete this test without consulting references, your supervising physician, or other physician assistants. The time required for this step is just over two hours.

The final step in your individual profile is an educational consultation with a member of the faculty of the University of Wisconsin. This faculty member will be either a physician or a physician assistant. Working with this consultant, you will develop a continuing medical education program to meet your identified needs. The consultation will be by phone and will last 30 to 60 minutes.

In summary, the IPP program does not require any travel time on your part. It will, however, involve approximately a seven hour commitment from you over a five week period.

The registration fee of $80.00 for your participation in the IPP program will be paid by the Academy.

We are also asking you, as a condition of participation, to complete the enclosed form. This form constitutes agreement to take part in the IPP program and authorizes the University of Wisconsin to release to the Academy, BY NAME, the recommendations from your consultation (step 3 of IPP) and to release, without any identification by name, the remainder of your IPP information.

We hope you will agree to be a participant in the Individual Physician Profile program. Please indicate on the enclosed form whether you will or will not participate and return this form in the self-addressed stamped envelope provided. Your agreement/ refusal to participate in the IPP program must be received by

Sincerely,

Donald W. Fisher, Ph.D.
Executive Director

DWF/slh

Enclosures

cc: Judy A. Light, Project Director
Mary Jane Crain, Research Associate

EXHIBIT B
Item 3

**Agreement to Participate/Release Form**

**Name:** _____

**I** ▱ **do**

▱ **do not**

**agree to take part in the Individual Physician Profile program and authorize the University of Wisconsin to release my IPP results to the Academy. I understand that the only results identifiable by name will be the recommendations from my individual consultation, and that the Project Director of the contract will be the only one who can identify the results of my consultation by name. Other data and results will be released anonymously. I also understand that the results of IPP will be used for research purposes.**

**Signature:** _____

**Date:** _____

**To assure that we have correct information so that we may contact you during your participation in IPP, please fill in the following information:**

**Home Address:** _____
**Street**

_____
**City** **State** **Zip Code**

**Home Phone Number (including area code):** _____

**Office Address:** _____
**Street**

_____
**City** **State** **Zip Code**

**Office Phone Number (including area code):** _____

**I prefer to be contacted (check one):**

_____ **At home**

_____ **At the office**

**Please indicate the month (October, 1976 to March, 1977) in which you prefer to tape-record information on patient contacts:**

**First Choice:** _____

**Second Choice:** _____

EXHIBIT C

Item 1 Checklist for IPP Participants

Item 2 Checklist for Physician Assistants Who Began but Did Not Complete IPP

Item 3 Checklist for Physician Assistants Who Declined to Participate in IPP and Gave No Reason Why

Item 4 Checklist for Physician Assistants Who Did Not Respond to the Invitation to Participate in IPP

EXHIBIT C
Item 1

# INDIVIDUAL PHYSICIAN PROFILE (IPP) CHECKLIST

## Part I Participation In/Reaction to Specific Parts of the IPP Program

Instructions: Listed below are the typical steps included in the IPP program. Please check the boxes which best describe how you feel about each step of this program.

### A. Physician Assistant Information Sheet (Step 1)

1. How many of the questions on the PA Information Sheet were relevant for your practice?
   ☐ All ☐ Most ☐ Some ☐ None

2. How much new information about your practice did you gain by completing the PA Information Sheet?
   ☐ A great deal ☐ Some ☐ Very little ☐ None

3. Were the instructions for completing the PA Information Sheet clear?
   ☐ Yes ☐ Somewhat ☐ No

4. What did you think about the length of the PA Information Sheet?
   ☐ Too long ☐ Appropriate ☐ Too short

### B. Recording Patient Data (Step 2)

1. How did you record data?
   ☐ Log sheets ☐ Tape recorder

2. For how many days did you record patient data?
   ☐ One ☐ Two ☐ Three ☐ Four ☐ Five ☐ Over Five

3. How often did you record data?
   ☐ After every patient ☐ After several patients ☐ Once a day

4. Were the instructions you received for recording patient data clear?
   ☐ Yes ☐ Somewhat ☐ No

5. Did you find that the length of time you had to spend recording patient data was, for you,
   ☐ Very much a problem ☐ Somewhat a problem ☐ No problem

If you used log sheets:

6. Were they convenient to use?
   ☐ Yes ☐ No

7. Was there sufficient space on the sheets to record all data?
   ☐ Yes ☐ No

If you used a recorder:

8. Did the recorder function properly?
   ☐ Yes ☐ No

9. Was the recorder easy to use?
   ☐ Yes ☐ No

10. Were enough tapes provided?
    ☐ Yes ☐ No

11. Did you find the procedures for returning the tapes
    ☐ Convenient ☐ Inconvenient

12. Did you find the procedures for returning the recorder
    ☐ Convenient ☐ Inconvenient

### C. Test (Step 3)

1. How many of the questions on the test were relevant for your practice?
   ☐ All ☐ Most ☐ Some ☐ None

2. Did the test provide you with a useful review of appropriate topics?
   ☐ Yes ☐ Somewhat ☐ No

C. Test (Continued)

3. Did you find that the test questions you received were
☐ Too difficult ☐ Appropriate ☐ Too easy

4. Were the test questions clearly worded?
☐ Yes ☐ Somewhat ☐ No

5. How did you feel about the length of the test?
☐ Too long ☐ Appropriate ☐ Too short

6. Were the instructions for taking the test clear?
☐ Yes ☐ Somewhat ☐ No

D. Questionnaire for Consultation (Step 4)

1. Did you feel that the Questionnaire for Consultation asked questions which adequately described your preferences and problems?
☐ Yes ☐ No

2. Were the instructions for completing the Questionnaire for Consultation clear?
☐ Yes ☐ Somewhat ☐ No

3. What did you think about the length of the Questionnaire for Consultation?
☐ Too long ☐ Appropriate ☐ Too short

E. Practice Profile Booklet (Step 5)

1. How closely did the practice profile compare to your impression of your practice?
☐ Very much ☐ Somewhat ☐ Very little ☐ Not at all

2. How much new information about your practice did you gain from the profile?
☐ A great deal ☐ Some ☐ Very little ☐ None

3. Please indicate the degree of usefulness to you of the following items of information presented in your practice profile:

| | Very Useful | Somewhat Useful | Not Useful |
|---|---|---|---|
| a. the patient problems you see | ☐ | ☐ | ☐ |
| b. the sex of patients you see | ☐ | ☐ | ☐ |
| c. the age of patients you see | ☐ | ☐ | ☐ |
| d. the type/place of patient contact | ☐ | ☐ | ☐ |
| e. the number of patient contacts which were first and follow-up visits | ☐ | ☐ | ☐ |
| f. degree of responsibility you have for the diagnostic decisions for patients you see | ☐ | ☐ | ☐ |
| g. the degree of responsibility you have for therapy/disposition decisions for patients you see | ☐ | ☐ | ☐ |

4. Do you think that the information in your practice profile booklet was presented in a clear manner?
☐ Yes ☐ No

F. Phone Consultation (Step 6)

1. Did you have a phone consultation with a member of the University of Wisconsin's program staff?
☐ Yes ☐ No
If you checked no, go to Section G.

F. Phone Consultation (Continued)

2. Please indicate whether the following items were discussed during the phone consultation:

| | Yes | No |
|---|---|---|
| a. test results | ☐ | ☐ |
| b. practice profile | ☐ | ☐ |
| c. CME topics | ☐ | ☐ |

3. What did you think of the length of the phone consultation?
☐ Too long ☐ Appropriate ☐ Too short

G. Final Summary Letter (Step 7)

1. How closely did the summary letter correspond to the other steps in the program?
☐ Very ☐ Somewhat ☐ Not at all

2. How much did the summary letter add to the IPP program?
☐ A lot ☐ Some ☐ Very little ☐ Nothing

3. Did you receive pages from the University of Wisconsin's Educational Resource Index listing CME offerings that might be of interest to you?
☐ Yes ☐ No

Part II Reactions to CME Recommendations

Instructions: For each of the questions below, please check the box which best describes how you feel.

1. Was the IPP program helpful to you in suggesting CME possibilities?
☐ Yes ☐ No

2. Have you attended any CME programs on topics recommended for you by IPP?
☐ Yes ☐ No

3. Do you plan to attend any CME programs on topics recommended for you by IPP?
☐ Yes ☐ No

4. Since your participation in IPP, have you attended CME dealing with problems/diseases that IPP indicates you do not see frequently in your practice?
☐ Yes ☐ No

5. Do you plan to attend CME dealing with problems/diseases that IPP indicates you do not see frequently in your practice?
☐ Yes ☐ No

Part III General Reactions to the IPP Program

Instructions: For each of the questions below, please check the box which best describes how you feel.

1. What is your overall reaction to the IPP program?
☐ Highly favorable ☐ Favorable ☐ Unfavorable ☐ Highly unfavorable

2. How much did you learn about your practice as a result of the program?
☐ A great deal ☐ Some ☐ Very little ☐ Nothing

3. Which of the following describes how you feel about the IPP program?
☐ Appropriate for physicians only
☐ Appropriate for PAs only
☐ Appropriate for both physicians and PAs
☐ Appropriate for neither physicians nor PAs
☐ No opinion

4. Do you feel that four hours of Category I CME credit for completing IPP are:
☐ Too little for the time required
☐ Appropriate for the time required
☐ Too much for the time required

5. Would you recommend the IPP program to your colleagues?
   ☐ Yes ☐ No

6. Please indicate for each of the following steps in IPP how valuable you think the step was for you personally. If you did not participate in/receive a specific part, leave the boxes for that part blank.

| | Very Useful | Somewhat Useful | Of Little Use | Not Useful At All |
|---|---|---|---|---|
| a. Practice Profile | ☐ | ☐ | ☐ | ☐ |
| b. Test | ☐ | ☐ | ☐ | ☐ |
| c. Phone consultation | ☐ | ☐ | ☐ | ☐ |
| d. Topics recommended for continuing medical education | ☐ | ☐ | ☐ | ☐ |
| e. Pages from the Educational Resource Index | ☐ | ☐ | ☐ | ☐ |

Name: _____

We would like to group your data from all phases of the IPP program. Therefore, would you please provide us with your identification number from the program?

I.D.# _____

or

I authorize the University of Wisconsin to release my identification number to the Academy.

Signature _____

EXHIBIT C
Item 2

INDIVIDUAL PHYSICIAN PROFILE PROGRAM

1. Listed below are possible reasons for not completing the University of Wisconsin's Individual Physician Profile (IPP) program. Please place a check beside all reasons that you had for not completing the program.

- ☐ I became unemployed.
- ☐ I had changed/was changing jobs.
- ☐ I was practicing in a specialty area/setting and found that the IPP program was inappropriate for me.
- ☐ I was in a practice setting where information similar to that offered by IPP was available to me.
- ☐ My supervisor preferred that I did not record patient data.
- ☐ My supervisor preferred that I withdraw (unrelated to a specific part of the IPP program).
- ☐ I felt I would not be maintaining patient confidentiality if I recorded patient data.
- ☐ I did not have time to complete the program.
- ☐ I did not feel the program was worthwhile.
- ☐ The program was too time consuming.
- ☐ I already had my 100 CME hours.

2. Below are listed, in the order that you would have completed them, five steps in the IPP program. Please mark all steps that you had completed when you decided not to finish the program.

- ☐ I had completed no part of the program.
- ☐ I had completed the initial questionnaire (PA Information Sheet).
- ☐ I had recorded some patient data.
- ☐ I had recorded all patient data.
- ☐ I had completed my test.

EXHIBIT C
Item 3

INDIVIDUAL PHYSICIAN PROFILE PROGRAM

Listed below are possible reasons for not participating in the University of Wisconsin's Individual Physician Profile (IPP) program. Please place a check beside all reasons that you had for not taking part.

- ☐ I was not employed as a PA.
- ☐ My job situation was changing, and I felt I could not make a commitment to the program.
- ☐ I was practicing in a specialty area/setting and felt that the program would be inappropriate for me.
- ☐ I was in a practice setting where information similar to that offered by IPP was available to me.
- ☐ My supervisor preferred that I did not record patient data.
- ☐ My supervisor preferred that I did not participate (unrelated to a specific part of the IPP program).
- ☐ I felt I would not be maintaining patient confidentiality if I recorded patient data.
- ☐ I did not have time to participate.
- ☐ I did not feel the program was worthwhile.
- ☐ The program appeared to be too time consuming.
- ☐ I already had my 100 CME hours.
- ☐ I did not plan to participate in any CME programs.
- ☐ I do not remember receiving the invitation to participate.

EXHIBIT C
Item 4

INDIVIDUAL PHYSICIAN PROFILE PROGRAM

Listed below are possible reasons for not participating in the University of Wisconsin's Individual Physician Profile (IPP) program. Please place a check beside all reasons that you had for not taking part.

- ☐ I was not employed as a PA.
- ☐ My job situation was changing, and I felt I could not make a commitment to the program.
- ☐ I was practicing in a specialty area/setting and felt that the program would be inappropriate for me.
- ☐ I was in a practice setting where information similar to that offered by IPP was available to me.
- ☐ My supervisor preferred that I did not record patient data.
- ☐ My supervisor preferred that I did not participate (unrelated to a specific part of the IPP program).
- ☐ I felt I would not be maintaining patient confidentiality if I recorded patient data.
- ☐ I did not have time to participate.
- ☐ I did not feel the program was worthwhile.
- ☐ The program appeared to be too time consuming.
- ☐ I already had my 100 CME hours.
- ☐ I did not plan to participate in any CME programs.
- ☐ I received my invitation to participate too late for me to respond by the deadline, so I did not return it.
- ☐ I mislaid and/or forgot to respond to the invitation to participate and so I did not make the return deadline and did not mail my response.
- ☐ I do not remember receiving the invitation to participate.

EXHIBIT D

Individual Physician Profile
Program Brochure

EXHIBIT D

# WHAT IS YOUR PRACTICE REALLY LIKE?

UNIVERSITY OF WISCONSIN-EXTENSION
Continuing Medical Education
465 WARF Building
610 Walnut Street
Madison, WI 53706

Nonprofit Organization
U. S. POSTAGE
PAID
Madison, Wisconsin
Permit No. 1423

What is your practice REALLY like?

The Department of Continuing Medical Education at the University of Wisconsin–Madison is strongly committed to continuing education which pays off directly in better patient care. To this end, the UW has developed a program for general and family practitioners, a program to help you objectively analyze your practice: What types of patients you see, where and how you have contact with them, what types of problems they bring to you.

When you receive your Profile, you will have isolated those areas of the CME spectrum which relate most directly to your practice. If you wish, you may then be tested in those areas, further narrowing the field of contenders for your time and energy.

Although the aim of this program is to help you discover priority needs for continuing education, its value is by no means limited to this objective. The Profile data may for the first time let you *see what your practice is really like*. This information will permit you to make realistic decisions directly affecting the management of your practice and your office. More subjectively, you may gain insight into the causes of stress and the sources of satisfaction in your practice.

Your investment for the entire procedure is $80 and approximately eight hours of your time spread over a two-month period. You may opt to complete only part of the program depending on the focus of your concern.

There are three steps in the INDIVIDUAL PHYSICIAN PROFILE...

# INDIVIDUAL PHYSICIAN P

## 1 PROFILE

We send you a physician data form so we may learn more about you and your practice setting.

On its return we send you a pocket tape recorder and ask you to record eight items of information about each patient contact you have during one different day each week for a month.

From this data, which we transcribe and code, we develop a *profile of your practice.*

| Time required | |
|---|---|
| To complete data form | :30 min. |
| To record patient data | 4:00 hrs. |
| | 4 hrs. 30 min. |

| Cost to you | |
|---|---|
| Registration fee | $35.00 |

## 2 TESTING

A test of 125 questions is generated based on your practice profile. These questions are selected from a computerized test bank of clinically validated questions.

The answer sheet is designed so that you know instantly if you have answered correctly. When you return the answer sheet to us, we score it and analyze the results.

The test is based on the patient problems occurring in your practice profile. It puts you in competition with yourself–how do you score in respiratory disease vs. cardiovascular vs. etc.

| Time required | |
|---|---|
| To complete test | 2:00 hrs. |
| To examine test results | :30 min. |
| | 2 hrs. 30 min. |

| Cost to you | |
|---|---|
| Registration fee | $20.00 |

## 3 CONSULTATION

An educational consultant from the faculty of University of Wisconsin–Extension Department of Continuing Medical Education will examine your practice data and test results and then call you on the telephone at a prearranged time.

He will want to discuss your practice with you to get additional information. Then after he evaluates the various data collected, he will develop a recommended personal continuing education program and send it to you.

In addition, he will enclose a listing from our Educational Resource Index of educational events and materials which might be useful as you engage in your continuing education program.

| Time required | |
|---|---|
| Educational consultation | 1 hour |

| Cost to you | |
|---|---|
| Registration fee | $25.00 |

If you wish to complete the entire process the fee is $80.00

**Select the options you wish to take, decide what month is most convenient for collection of patient data, and return the registration form so that we can schedule your participation.**

# ROFILE

**CONFIDENTIALITY OF DATA**

Upon registration, you will be assigned a code number and only you and your educational consultant will be able to identify your data. Individual practice data and individual test results will be neither released nor published. Cumulative (anonymous) data may be used for educational planning and may be published.

**CONTINUING EDUCATION CREDIT**

Completion of the entire IPP program entitles you to four hours of category 5 credit for the AMA Physician's Recognition Award.

*This program is made possible by support from University of Wisconsin–Extension Department of Continuing Medical Education.*

**REGISTRATION FORM**

Name: _____

Street: _____

City & State _____

Zip _____

Telephone: _____

(Enclose check, payable to: *University of Wisconsin–Extension)*

| | |
|---|---|
| _____ Complete IPP Procedure or select: | $80.00 |
| _____ Practice Profile only | $35.00 |
| _____ Testing only* | $20.00 |
| _____ Practice Profile and Educational Consultation | $60.00 |

Preferred month to collect patient data:

First Choice: _____

Second Choice: _____

Register now, even if you wish to delay beginning the collection of patient data, so that we can assure scheduling at your convenience.

Send the registration form to:

Individual Physician Profile
University of Wisconsin–Extension
Department of Continuing Medical Education
Room 465 WARF Building
610 Walnut Street
Madison, WI 53706

*When selecting only the test option, the test will be based on a general Family Physician practice profile developed through data collected from a composite of 109 Wisconsin Family Practitioners.

*UW-Extension provides equal opportunities in employment and programming.*

EXHIBIT E

Attitudes of Physician Assistants Who Completed IPP - Checklist Results

Note: Percents may not total 100% due to the fact that nonresponses and "random" responses have been excluded and also due to rounding. Percents are based on N=75 unless otherwise indicated.

INDIVIDUAL PHYSICIAN PROFILE (IPP) CHECKLIST

EXHIBIT E

**Part I Participation In/Reaction to Specific Parts of the IPP Program**

Instructions: Listed below are the typical steps included in the IPP program. Please check the boxes which best describe how you feel about each step of this program.

A. Physician Assistant Information Sheet (Step 1)

1. How many of the questions on the PA Information Sheet were relevant for your practice?
12% ☐ All 68% ☐ Most 17% ☐ Some 3% ☐ None

2. How much new information about your practice did you gain by completing the PA Information Sheet?
15% ☐ A great deal 51% ☐ Some 20% ☐ Very little 12% ☐ None

3. Were the instructions for completing the PA Information Sheet clear?
99% ☐ Yes 1% ☐ Somewhat ☐ No

4. What did you think about the length of the PA Information Sheet?
1% ☐ Too long 97% ☐ Appropriate ☐ Too short

B. Recording Patient Data (Step 2)

1. How did you record data?
*45% ☐ Log sheets *59% ☐ Tape recorder

2. For how many days did you record patient data?
☐ One ☐ Two 9% ☐ Three 5% ☐ Four 67% ☐ Five 15% ☐ Over Five

3. How often did you record data?
24% ☐ After every patient 37% ☐ After several patients 33% ☐ Once a day

4. Were the instructions you received for recording patient data clear?
85% ☐ Yes 13% ☐ Somewhat 1% ☐ No

5. Did you find that the length of time you had to spend recording patient data was, for you,
5% ☐ Very much a problem 47% ☐ Somewhat a problem 47% ☐ No problem

N=34* If you used log sheets:

6. Were they convenient to use?
82% ☐ Yes 18% ☐ No

7. Was there sufficient space on the sheets to record all data?
71% ☐ Yes 29% ☐ No

N=44* If you used a recorder:

8. Did the recorder function properly?
95% ☐ Yes 5% ☐ No

9. Was the recorder easy to use?
98% ☐ Yes 2% ☐ No

10. Were enough tapes provided?
100% ☐ Yes ☐ No

11. Did you find the procedures for returning the tapes
98% ☐ Convenient 2% ☐ Inconvenient

12. Did you find the procedures for returning the recorder
91% ☐ Convenient 7% ☐ Inconvenient

C. Test (Step 3)

1. How many of the questions on the test were relevant for your practice?
4% ☐ All 68% ☐ Most 24% ☐ Some 3% ☐ None

2. Did the test provide you with a useful review of appropriate topics?
48% ☐ Yes 43% ☐ Somewhat 8% ☐ No

* Includes 3 persons who used both log sheets and a tape recorder.

C. Test (Continued)

3. Did you find that the test questions you received were
28% ☐ Too difficult 65% ☐ Appropriate ☐ Too easy

4. Were the test questions clearly worded?
64% ☐ Yes 31% ☐ Somewhat 4% ☐ No

5. How did you feel about the length of the test?
12% ☐ Too long 85% ☐ Appropriate 1% ☐ Too short

6. Were the instructions for taking the test clear?
97% ☐ Yes 1% ☐ Somewhat ☐ No

D. Questionnaire for Consultation (Step 4)

1. Did you feel that the Questionnaire for Consultation asked questions which adequately described your preferences and problems?
77% ☐ Yes 16% ☐ No

2. Were the instructions for completing the Questionnaire for Consultation clear?
89% ☐ Yes 5% ☐ Somewhat ☐ No

3. What did you think about the length of the Questionnaire for Consultation?
3% ☐ Too long 91% ☐ Appropriate ☐ Too short

E. Practice Profile Booklet (Step 5)

1. How closely did the practice profile compare to your impression of your practice?
36% ☐ Very much 47% ☐ Somewhat 12% ☐ Very little ☐ Not at all

2. How much new information about your practice did you gain from the profile?
20% ☐ A great deal 49% ☐ Some 23% ☐ Very little 4% ☐ None

3. Please indicate the degree of usefulness to you of the following items of information presented in your practice profile:

| | Very Useful | Somewhat Useful | Not Useful |
|---|---|---|---|
| a. the patient problems you see | 35% ☐ | 52% ☐ | 11% ☐ |
| b. the sex of patients you see | 9% ☐ | 39% ☐ | 49% ☐ |
| c. the age of patients you see | 16% ☐ | 48% ☐ | 33% ☐ |
| d. the type/place of patient contact | 11% ☐ | 28% ☐ | 57% ☐ |
| e. the number of patient contacts which were first and follow-up visits | 21% ☐ | 51% ☐ | 25% ☐ |
| f. degree of responsibility you have for the diagnostic decisions for patients you see | 37% ☐ | 41% ☐ | 19% ☐ |
| g. the degree of responsibility you have for therapy/disposition decisions for patients you see | 36% ☐ | 43% ☐ | 19% ☐ |

4. Do you think that the information in your practice profile booklet was presented in a clear manner?
83% ☐ Yes 15% ☐ No

F. Phone Consultation (Step 6)

1. Did you have a phone consultation with a member of the University of Wisconsin's program staff?
92% ☐ Yes 7% ☐ No
If you checked no, go to Section G.

F. Phone Consultation (Continued)

2. Please indicate whether the following items were discussed during the phone consultation:

| | Yes | No |
|---|---|---|
| a. test results | 89% ☐ | 3% ☐ |
| b. practice profile | 91% ☐ | 1% ☐ |
| c. CME topics | 63% ☐ | 27% ☐ |

3. What did you think of the length of the phone consultation?
☐ Too long 64% ☐ Appropriate 27% ☐ Too short

G. Final Summary Letter (Step 7)

1. How closely did the summary letter correspond to the other steps in the program?
56% ☐ Very 31% ☐ Somewhat ☐ Not at all

2. How much did the summary letter add to the IPP program?
27% ☐ A lot 41% ☐ Some 17% ☐ Very little 3% ☐ Nothing

3. Did you receive pages from the University of Wisconsin's Educational Resource Index listing CME offerings that might be of interest to you?
84% ☐ Yes 8% ☐ No

Part II Reactions to CME Recommendations

Instructions: For each of the questions below, please check the box which best describes how you feel.

1. Was the IPP program helpful to you in suggesting CME possibilities?
72% ☐ Yes 28% ☐ No

2. Have you attended any CME programs on topics recommended for you by IPP?
25% ☐ Yes 73% ☐ No

3. Do you plan to attend any CME programs on topics recommended for you by IPP?
65% ☐ Yes 28% ☐ No

4. Since your participation in IPP, have you attended CME dealing with problems/diseases that IPP indicates you do not see frequently in your practice?
49% ☐ Yes 47% ☐ No

5. Do you plan to attend CME dealing with problems/diseases that IPP indicates you do not see frequently in your practice?
68% ☐ Yes 24% ☐ No

Part III General Reactions to the IPP Program

Instructions: For each of the questions below, please check the box which best describes how you feel.

1. What is your overall reaction to the IPP program?
32% ☐ Highly favorable 55% ☐ Favorable 9% ☐ Unfavorable 3% ☐ Highly unfavorable

2. How much did you learn about your practice as a result of the program?
33% ☐ A great deal 39% ☐ Some 24% ☐ Very little 4% ☐ Nothing

3. Which of the following describes how you feel about the IPP program?
1% ☐ Appropriate for physicians only
1% ☐ Appropriate for PAs only
83% ☐ Appropriate for both physicians and PAs
3% ☐ Appropriate for neither physicians nor PAs
9% ☐ No opinion

4. Do you feel that four hours of Category I CME credit for completing IPP are:
51% ☐ Too little for the time required
44% ☐ Appropriate for the time required
4% ☐ Too much for the time required

5. Would you recommend the IPP program to your colleagues?
81% ☐ Yes 16% ☐ No

6. Please indicate for each of the following steps in IPP how valuable you think the step was for you personally. If you did not participate in/receive a specific part, leave the boxes for that part blank.

| | Very Useful | Somewhat Useful | Of Little Use | Not Useful At All |
|---|---|---|---|---|
| a. Practice Profile | 35% ☐ | 44% ☐ | 17% ☐ | 3% ☐ |
| b. Test | 51% ☐ | 39% ☐ | 9% ☐ | ☐ |
| c. Phone consultation | 21% ☐ | 36% ☐ | 28% ☐ | 8% ☐ |
| d. Topics recommended for continuing medical education | 41% ☐ | 39% ☐ | 15% ☐ | 3% ☐ |
| e. Pages from the Educational Resource Index | 35% ☐ | 24% ☐ | 25% ☐ | 7% ☐ |

Name: _____

We would like to group your data from all phases of the IPP program. Therefore, would you please provide us with your identification number from the program?

I.D.# _____

or

I authorize the University of Wisconsin to release my identification number to the Academy.

Signature _____

15% Provided I.D. number
60% Signed authorization for release of I.D. number
24% Provided I.D. number and authorized its release
1% Provided neither I.D. number nor authorization

EXHIBIT F

Physician Assistants' Reasons for Not Completing the IPP Program - Checklist Results

# INDIVIDUAL PHYSICIAN PROFILE PROGRAM

1. Listed below are possible reasons for not completing the University of Wisconsin's Individual Physician Profile (IPP) program. Please place a check beside all reasons that you had for not completing the program.

| Frequency | | |
|---|---|---|
| 2 | ☐ | I became unemployed. |
| 2 | ☐ | I had changed/was changing jobs. |
| 2 | ☐ | I was practicing in a specialty area/setting and found that the IPP program was inappropriate for me. |
| | ☐ | I was in a practice setting where information similar to that offered by IPP was available to me. |
| | ☐ | My supervisor preferred that I did not record patient data. |
| | ☐ | My supervisor preferred that I withdraw (unrelated to a specific part of the IPP program). |
| | ☐ | I felt I would not be maintaining patient confidentiality if I recorded patient data. |
| 7 | ☐ | I did not have time to complete the program. |
| 1 | ☐ | I did not feel the program was worthwhile. |
| 2 | ☐ | The program was too time consuming. |
| | ☐ | I already had my 100 CME hours. |
| 1 | | Family matters needed attention |

2. Below are listed, in the order that you would have completed them, five steps in the IPP program. Please mark all steps that you had completed when you decided not to finish the program.

| | | |
|---|---|---|
| 2 | ☐ | I had completed no part of the program. |
| 1 | ☐ | I had completed the initial questionnaire (PA Information Sheet). |
| 3 | ☐ | I had recorded some patient data. |
| 3 | ☐ | I had recorded all patient data. |
| | ☐ | I had completed my test. |
| 2 | | Blank |

N=11

EXHIBIT G

Physician Assistants' Reasons
for Declining the IPP Invitation
Checklist Results

EXHIBIT G

INDIVIDUAL PHYSICIAN PROFILE PROGRAM

Listed below are possible reasons for not participating in the University of Wisconsin's Individual Physician Profile (IPP) program. Please place a check beside all reasons that you had for not taking part.

| Checklist (frequency) | Reason Given When Declined (frequency) | | |
|---|---|---|---|
| 2 | 6 | ☐ | I was not employed as a PA. |
| 3 | 5 | ☐ | My job situation was changing, and I felt I could not make a commitment to the program. |
| 3 | 8 | ☐ | I was practicing in a specialty area/setting and felt that the program would be inappropriate for me. |
| | | ☐ | I was in a practice setting where information similar to that offered by IPP was available to me. |
| | | ☐ | My supervisor preferred that I did not record patient data. |
| 2 | 1 | ☐ | My supervisor preferred that I did not participate (unrelated to a specific part of the IPP program). |
| | | ☐ | I felt I would not be maintaining patient confidentiality if I recorded patient data. |
| 2 | | ☐ | I did not have time to participate. |
| | | ☐ | I did not feel the program was worthwhile. |
| 5 | | ☐ | The program appeared to be too time consuming. |
| | | ☐ | I already had my 100 CME hours. |
| | | ☐ | I did not plan to participate in any CME programs. |
| | | ☐ | I do not remember receiving the invitation to participate. |
| 1 | | | P.O. returned |
| | 1 | | On leave of absence |
| | 1 | | Still a student |
| | 1 | | Resigning job to continue medical education |
| | 1 | | Accepted but gave no work address - per phone call found PA was currently a student |
| N=11 | N=24 | | |

EXHIBIT H

Physician Assistants' Reasons
for Nonresponse to the IPP Invitation -
Checklist Results

INDIVIDUAL PHYSICIAN PROFILE PROGRAM

Listed below are possible reasons for not participating in the University of Wisconsin's Individual Physician Profile (IPP) program. Please place a check beside all reasons that you had for not taking part.

| Frequency | |
|---|---|
| 2 | ☐ I was not employed as a PA. |
| 4 | ☐ My job situation was changing, and I felt I could not make a commitment to the program. |
| 2 | ☐ I was practicing in a specialty area/setting and felt that the program would be inappropriate for me. |
| 1 | ☐ I was in a practice setting where information similar to that offered by IPP was available to me. |
| | ☐ My supervisor preferred that I did not record patient data. |
| | ☐ My supervisor preferred that I did not participate (unrelated to a specific part of the IPP program). |
| 3 | ☐ I felt I would not be maintaining patient confidentiality if I recorded patient data. |
| 4 | ☐ I did not have time to participate. |
| 1 | ☐ I did not feel the program was worthwhile. |
| 6 | ☐ The program appeared to be too time consuming. |
| 2 | ☐ I already had my 100 CME hours. |
| | ☐ I did not plan to participate in any CME programs. |
| 2 | ☐ I received my invitation to participate too late for me to respond by the deadline, so I did not return it. |
| 3 | ☐ I mislaid and/or forgot to respond to the invitation to participate and so I did not make the return deadline and did not mail my response. |
| 3 | ☐ I do not remember receiving the invitation to participate. |
| 1 | I was not employed as a PA. I am a Nurse Practitioner. |
| 1 | IPP program too intrusive into practice. There is too much government control and inquiry now without furthering it. |
| 3 | P. O. returned. |

N=21

EXHIBIT I

Response from Director of the University of Wisconsin's Department of Continuing Medical Education to AAPA Request for Additional IPP-Related Information

EXHIBIT I

UNIVERSITY OF WISCONSIN

DEPARTMENT OF CONTINUING MEDICAL EDUCATION

Thomas C. Meyer, M.D. 608-263-2852
Chairman
Richard H. Hansen 608-263-2853
Director

610 Walnut Street
Madison, Wisconsin 53706
Telephone: 608-263-2850

February 2, 1978

Mary Jane Crain
Research Associate
American Academy of Physicians'
Assistants
Suite 700
2341 Jefferson Davis Highway
Arlington, Virginia 22202

Dear Mary Jane:

I will attempt to respond to the seven questions your Evaluation Committee asked about the IPP program, and Elaine McDonald will respond separately to those questions related to finance and provision of data.

1. Evaluation of IPP

We have not really evaluated the procedure. Initially, we started to measure whether pre- and post-testing would reveal improved knowledge (which limited effort did) but abandoned that as having limited value. We also have anecdotal information of changes in practice management (procedure for handling phone calls, etc.) which resulted from the procedure. I have enclosed five publications, but they are primarily reports of developmental activities and analysis of data collected.

If and when we can fund the activity, we hope to measure whether participation in the program results in improved delivery of patient care. We are developing a team proficient in use of the patient record to document various elements of care. When we have developed this capability, we hope to look at the care delivered by participants before and after participation.

2. Future Commitment to the Program

We have a long-term commitment to the concept, though it is unclear as to the direction(s) this will take. At the present time it appears the separate components have greater acceptance than the whole. The ability to define practices, use of the test bank for a variety of pre- and post-testing exercises, and retrieval of all or part of the educational resource





University of Wisconsin provides equal opportunities in employment and programming.

index have proved of value to meet a variety of needs of our department and others in the past few years. However, at present, we are still not able to enroll substantial numbers of physicians for the total program.

Our commitment to Physicians' Assistants is more clearly defined. In early January, we offered a free profiling service to all PA's in Wisconsin. This has the endorsement of the Wisconsin Academy of Physician Assistants. The data will be used as the basis for development of a substantive continuing education program to be developed jointly by the WAPA, the two training programs in Madison and Marshfield, and our department. There is also discussion of adding a half-time Physician Assistant to our faculty and assignment of the necessary support staff to carry out this cooperative effort.

3. Adjustments to the Program

I don't believe we would want to undertake major development or expansion of the concept until we have some validation. However, we are open and receptive to changes that would not be costly.

About the only firm element involved is the belief that health professionals should be competent in those aspects of health care they are called on to deliver. Both their continuing education and their accountability should be related to their practices, and not to all of health science.

4. Changes in Consultation and Educational Prescription

One thing we believe we have learned is that, if the total procedure has value, each step must be effectively completed. About the only element that worked out as originally planned was the collection of practice data. We had to discard our first test bank and start all over when we discovered it had a "textbook" rather than a "clinical" orientation. We started out using a panel of consultants, matching the consultant to the specialty of the participant, but found out a background in continuing education was more important than expertise in the medical specialty involved. We had to develop the educational resource index when we discovered that most physicians could not, or would not, search out appropriate events or materials required to carry out the continuing education plan. The results of your study may reveal that even then the participant does not carry out the plan, and we will have to add a motivational or monitoring step.

That is a rather long way of arriving at the conclusion that some outside input is required to assist the aprticipant in designing his or her continuing education program. Doctor Sivertson's method may not be the only way, but it appears effective in combining the objective and subjective data which is involved. He believes he can teach the method to others, so it would be possible to develop a panel of consultants, if they are initially well based in continuing education.

5. Cost of Change

It is not possible to estimate costs until the specific change proposed is clearly defined. We do believe that adaptations required to serve PA's would be less costly than for any other health professional. This is based on the assumption that resources developed for Family Practice are closely related to those of PA practice.

6. Basic Operating Cost

Our annual operating cost is budgeted at $22,137. We have designed the project staff so that we can gear up rapidly to meet increased demand, since most of the operational procedures can be carried out by health science students with a short training period. Major costs are a full-time program coordinator, student help, and computer services. This past year the budget was increased by about $15,000 by special projects and contracts for others.

7. Start-up Costs

Our developmental costs ran $75 - $100,000 per year. I expect this would be less for others now that we have made a number of the possible mistakes and some of our resources might be applicable or adaptable.

Initially, it cost us about $1,000 to complete the procedure for one physician; we can do it now for about $80.

I do hope this is helpful to your Evaluation Committee. I realize some of the responses are inadequate, but they are the best we can provide at this time. Please let me know if there are specific areas your Committee would like to explore further.

Sincerely yours,

Richard H. Hansen

Richard H. Hansen

RHH:sh

Enclosures

cc: S. E. Sivertson, M.D.
Elaine McDonald

Five Publications Enclosed with Mr. Hansen's Letter

Sivertson, S.E. "The Evaluation of Continuing Medical Education Programs," Reprinted from Bulletin of the New York Academy of Medicine, Second Series, 51(June 1975), 776-784.

Sivertson, Sigurd E., Richard H. Hansen, and Adeline O. Schoenenberger. "Computerized Test Bank for Clinical Medicine," Educational Technology, March 1973.

Sivertson, Sigurd E., Richard H. Hansen, Richard W. Shropshire, and Adeline O. Schoenenberger. "Family Practices in Wisconsin, Implications for Medical Education and Delivery of Health Care," Wisconsin Medical Journal, 73(December 1974), S170-S174.

Sivertson, Sigurd E. and Elaine McDonald. "Medical Practice Related to Continuing Education by Practice Profiling," in Quality Health Care, eds. Richard H. Egdahl, and Paul M. Gertman, Aspen Publications, 19-27.

Sivertson, Sigurd E., Thomas C. Meyer, Richard Hansen, and Adeline Schoenenberger. "Individual Physician Profile: Continuing Education Related to Medical Practice," Journal of Medical Education, 48 (November 1973), 1006-1012.